

UNITED ST S DEPARTMENT OF COMMERCE

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APPLICATION NUMBER FILING DATE FIRST NAMED APPLICANT ATTORNEY DOCKET NO. ART UNIT PAPER NUMBER **DATE MAILED:** INTERVIEW SUMMARY All participants (applicant, applicant's representative, PTO personnel): Date of Interview Type: Telephonic Televideo Conference Personal (copy is given to applicant applicant's representative). Exhibit shown or demonstration conducted: Yes No If yes, brief description:_ Agreement was reached. Was not reached. Claim(s) discussed:_ Identification of prior art discussed:_ Description of the general nature of what was agreed to if an agreement was reached, or any other comments: (A fuller description, if necessary, and a copy of the amendments, if available, which the examiner agreed would render the claims allowable must be attached. Also, where no copy of the amendments which would render the claims allowable is available, a summary thereof must be attached.) Interview. Unless the paragraph above has been checked to indicate to the contrary. A FORMAL WRITTEN REPLY TO THE LAST OFFICE ACTION IS NOT WAIVED AND MUST INCLUDE THE SUBSTANCE OF THE INTERVIEW. (See MPEP Section 713.04). If a reply to the last Office action has are ready been filed, APPLICANT IS GIVEN ONE MONTH FROM THIS INTERVIEW DATE TO FILE A STATEMENT OF THE

Examiner Note: You must sign this form unless it is an attachment to another form.

FORM PTOL-413 (REV. 2-98)

SUBSTANCE OF THE INTERVIEW.